



<b>REQUEST FOR FIELD STATION FORM OR FORM LETTER</b>			4. DATE OF REQUEST		5. FORM OR FL NO. AND ISSUE DATE <i>(Assigned by station PCO)</i>	
1	TO: Station Publications Control Officer,	SYMBOL	6. TITLE OR SUBJECT			
2	TO:  Department of Veterans Affairs Central Office Washington, DC 20420	CORRES. SYMBOL				
			7. TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> OVERPRINT <input type="checkbox"/> NONRECURRING			
3	STATION RETURN ADDRESS <i>(To be completed by originating station)</i> TO:	CORRES. SYMBOL	8A. ORIGINATING OFFICE AND PERSON TO CONTACT			
			8B. BUILDING OR ROOM NO.		8C. CORRES. SYMBOL	8D. PHONE NO.
9. JUSTIFICATION <i>(Explain fully the need and purpose. In estimating savings, consider cost of materials and manhours required to reproduce and distribute. This information will be compared with existing methods to reflect operational advantages. Cite covering Central Office directive or attach copy of local directive, if any. If "nonrecurring," specify period of use. Continue on reverse, if necessary.)</i>						
10. CONCURRENCES <i>(Organizational element, initials, correspondence symbol, and date)</i>						
11. FORM(S) AND FL(S) REPLACED (BY NUMBER AND ISSUE DATE) <i>(Include quantity on hand)</i>					12. EXISTING STOCK WILL BE USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. ESTIMATED MONTHLY USAGE <input type="checkbox"/> SHEETS <input type="checkbox"/> SETS		14. METHOD(S) OF MAKING ENTRIES <input type="checkbox"/> PENCIL <input type="checkbox"/> INK <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> OTHER <i>(Specify)</i>				
15. INITIAL QUANTITY REQUIRED <input type="checkbox"/> SHEETS <input type="checkbox"/> SETS		16. TYPE OF FILES USED <input type="checkbox"/> TOP FASTENER FOLDER <input type="checkbox"/> SIDE FASTENER FOLDER <input type="checkbox"/> VERTICAL <input type="checkbox"/> VISIBLE <input type="checkbox"/> OTHER <i>(Specify)</i>				
17. GENERAL SPECIFICATIONS <i>(Complete as a guide to physical make-up: i.e., one-side printing, paper, size, color, etc.)</i>						
<b>18A. COPY REQUIREMENTS AND DISTRIBUTION</b> <i>(Indicate no. of copies to be prepared by showing distribution of each. For copies filed in VA, specify records series or folder in which filed.)</i>			<b>18B. RECORDS CONTROL SCHEDULE ITEM</b>		<b>18C. RECOMMENDED RETENTION PERIOD</b>	
					MOS.	YRS.
					OTHER <i>(Specify)</i>	
ORIG.						
COPY						
COPY						
COPY						
COPY						
19. SIGNATURE OF CHIEF, ORIGINATING OFFICE					DATE	
20. SIGNATURE OF STATION RECORDS OFFICER			DATE	21. SIGNATURE OF STATION PUBLICATIONS CONTROL OFFICER		DATE
<b>TO BE COMPLETED BY CENTRAL OFFICE</b>						
22. ACTION BY PROGRAM OFFICE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		23. SIGNATURE OF PUBLICATIONS LIAISON OFFICER			24. DATE	
25. ACTION TAKEN <input type="checkbox"/> APPROVED UNTIL FURTHER NOTICE <i>(Forward five copies to this office)</i> <input type="checkbox"/> DISAPPROVED <i>(See reverse or attached letter)</i> <input type="checkbox"/> OTHER <i>(Specify)</i>						
26. DATE RECEIVED		27. DATE RELEASED		28. SIGNATURE OF PUBLICATIONS CONTROL OFFICER OR OTHER APPROVING OFFICIAL		